

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 761			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 24 Hrs.		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				e. STREET ADDRESS (If rural, give location) 801 N. Main				02960	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) WILSON		c. (Last) STOUT		4. DATE OF DEATH (Month) (Day) (Year) August 7, 1954		
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10 Jan. 1880		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Mail Clerk			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Nebraska			12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward B. Stout			13b. MOTHER'S MAIDEN NAME Margaret I. Wilson			14. NAME OF HUSBAND OR WIFE Emma T. Stout			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Emma T. Stout				ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse due to water and electrolyte imbalance ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic colitis						INTERVAL BETWEEN ONSET AND DEATH 20 hours 7 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5723						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 6, 1954 , to Aug 7, 1954 , that I last saw the deceased alive on Aug 7, 1954 , and that death occurred at 1:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. Wendell Stewart M.D.				23b. ADDRESS 219 Professional Bldg. Springfield, Mo.			23c. DATE SIGNED Aug 9 1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-54	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri				
DATE REC'D BY LOCAL REG. 8-10-54		REGISTRAR'S SIGNATURE Frank Williams		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clingner & Co.		ADDRESS Springfield, Mo.			

AUG 16 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Max B. Hoover

Licensed Embalmer No.

P. O. Address.....
Perry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.